

Exhibit A



null / ALL

Transmittal Number: 18436310
Date Processed: 07/16/2018

Notice of Service of Process

Primary Contact: SOP Team nwsop@nationwide.com
Nationwide Mutual Insurance Company
Three Nationwide Plaza
Columbus, OH 43215

Electronic copy provided to: Ashley Roberts

Entity: Nationwide Mutual Insurance Company
Entity ID Number 3277054

Entity Served: Nationwide Mutual Insurance Company

Title of Action: Robert Scaturro vs. Nationwide Mutual Insurance Company

Document(s) Type: Summons/Complaint

Nature of Action: Contract

Court/Agency: Madison County Circuit Court, Illinois

Case/Reference No: 2018L 000727

Jurisdiction Served: Ohio

Date Served on CSC: 07/16/2018

Answer or Appearance Due: 30 Days

Originally Served On: Nationwide Mutual Insurance Company on 07/16/2018

How Served: Client Direct

Sender Information: Roth Law Offices LLC
N/A

Information contained on this transmittal form is for record keeping, notification and forwarding the attached document(s). It does not constitute a legal opinion. The recipient is responsible for interpreting the documents and taking appropriate action.

To avoid potential delay, please do not send your response to CSC

251 Little Falls Drive, Wilmington, Delaware 19808-1674 (888) 690-2882 | sop@cscglobal.com

9:16 Am
7/11/18

8-1

6-11
 STATE OF ILLINOIS
 IN THE CIRCUIT COURT OF THE THIRD JUDICIAL CIRCUIT
 MADISON COUNTY
 155 N Main St., Edwardsville, IL 62025
 (618) 296-4464
 madisoncountycircuitclerkIL.org

CASE No. 2018 L 000727

DATE: June 04, 2018

ROBERT SCATURRO

PLAINTIFF

VS.

P/R
 NATIONWIDE MUTUAL INSURANCE COMPANY
 ONE NATIONWIDE PLAZA
 COLUMBUS, OH 43215

DEFENDANT

DEFENDANT: NATIONWIDE MUTUAL INSURANCE COMPANY

You are hereby summoned and required to file an answer in this case, or otherwise file your appearance, in the office of the Madison County Circuit Clerk, within 30 days after service of this summons, exclusive of the day of service. If you fail to do so, a judgment or decree by default may be taken against you for the relief prayed in the complaint.

This summons must be returned by the officer or other person to whom it was given for service, with endorsement thereon of service and fees, if any, immediately after service. If service cannot be made, this summons shall be returned so endorsed.



Witness MARY VON NIDA the Clerk of said Circuit Court and the seal thereof, at Edwardsville, Illinois, this June 4, 2018 .

MARK VON NIDA
 CLERK OF THE CIRCUIT COURT

BY:
 Deputy Clerk

(Plaintiff's attorney or plaintiff if he is not represented by an attorney)

RONALD A. ROTH
 ROTH LAW OFFICES LLC
 2421 CORPORATE CENTRE DR
 STE 200
 GRANITE CITY, IL 62040

Date of Service: _____, 20 _____.
 (To be inserted by officer on the copy left with the defendant or other person)

1 of 2

The Madison County Court makes every effort to comply with accessibility laws and provides reasonable accommodations to persons with disabilities. Hearing, visual and other assistance may be arranged by contacting our Court Disability Coordinator, Teri Picchioldi at 618-296-4884.

CASE No. 2018 L 000727

STATE OF ILLINOIS }
MADISON COUNTY } ss.

I, _____, Sheriff of said county, have duly served the within summons on the defendant _____ by leaving a copy thereof with said defendant personally, on the _____ day of _____, 20 _____.
=====

I have duly served the said summons on the defendant, _____ on the _____ day of _____, 20 ____, by leaving a copy of said summons on said date at his/her usual place of abode with _____, a person of the family of said _____ of the age of 13 years or upwards and by informing such persons with whom said summons was left of the contents thereof and by also sending a copy of said summons on the _____ day of _____, 20 ____, in a sealed envelope, with postage fully prepaid, addressed to said defendant _____, at his/her usual place of abode, as stated hereinabove in my return.
=====

Dated this _____ day of _____, 20 _____.
=====

Sheriff
=====

Sheriff's Fees

Service.....\$ _____
Making Copies.....\$ _____
Miles Traveled..\$ _____
Cost of mailing copies \$ _____
Return.....\$ _____
Total.....\$ _____

ROBERT SCATURRO

PLAINTIFF

VS.

NATIONWIDE MUTUAL INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

DEFENDANT

IN THE CIRCUIT COURT
THIRD JUDICIAL CIRCUIT
MADISON COUNTY, ILLINOIS

ROBERT SCATURRO,)
)
Plaintiff,)
)
v.) No.
)
NATIONWIDE MUTUAL INSURANCE)
COMPANY,)
Serve at: One Nationwide Plaza)
Columbus, OH 43215)
Defendant.)

PLAINTIFF'S
PETITION
FILED
11/11/18
1:57

COMPLAINT

COUNT I

Comes now Plaintiff, Robert Scaturro, by and through his attorney, Ronald A. Roth of the Roth Law Offices, LLC, and for Count I of his cause of action against Nationwide Mutual Insurance Company, states:

1. Robert Scaturro is a resident of Madison County, Illinois, and owns real property located at 4140 Pontoon Road, in Pontoon Beach, Illinois.
2. Nationwide Mutual Insurance Company is a mutual insurance company with policy holders throughout the United States.
3. Robert Scaturro purchased an insurance policy covering the property located at 4140 Pontoon Road, Pontoon Beach, Illinois, from Nationwide Mutual Insurance Company on February 5, 2016. A copy of said policy is attached hereto as Exhibit A. It states, at 0001296, that it includes a business and personal property coverage form.
4. On September 4, 2016, the building suffered substantial damage by reason of a flood.

5. Plaintiff, in addition to owning the building, operated a substantial advertising agency within the building. Because of the flood and the damage, Plaintiff was unable to operate the business without payments by the insurer which would allow the building to be kept in operation. In addition, the nature of the business was such that substantial business would be lost if the business did not put out advertising as promised to customers in a timely way.

6. Because of delays by Defendant which were unjustified, insurance payments were not made in a timely fashion to Plaintiff.

7. As a result, Plaintiff was not able to keep the business operating.

8. Plaintiff, as a result of the failure of Defendant to make timely payments in accordance with their policy, has suffered consequential damages for loss of business in excess of Two Hundred Fifty Thousand Dollars (\$250,000.00).

WHEREFORE, Plaintiff, Robert Scaturro, prays judgment against Defendant, Nationwide Mutual Insurance Company, in an amount in excess of Two Hundred Fifty Thousand Dollars (\$250,000.00), plus interest since the date of the incident.

COUNT II

Comes now Plaintiff, Robert Scaturro, by and through his attorney, Ronald A. Roth of the Roth Law Offices, LLC, and for Count II of his cause of action against Nationwide Mutual Insurance Company, states:

1. Robert Scaturro is a resident of Madison County, Illinois, and owns real property located at 4140 Pontoon Road, in Pontoon Beach, Illinois.
2. Nationwide Mutual Insurance Company is a mutual insurance company with policy holders throughout the United States.

3. Robert Scaturro purchased an insurance policy covering the property located at 4140 Pontoon Road, Pontoon Beach, Illinois, from Nationwide Mutual Insurance Company on February 5, 2016. A copy of said policy is attached hereto as Exhibit A. It states, at 0001296, that it includes a business and personal property coverage form.

4. Robert Scaturro purchased this policy on line. It was Mr. Scaturro's intention to purchase coverage for personal property as well as the real estate.

5. The attached policy which he purchased is ambiguous in that it contains provisions concerning coverage of personal property, does not contain any exclusion of personal property and contains other declarations which are ambiguous and do not fairly advise him that personal property is not covered.

6. Mr. Scaturro, based on this, believed that he was covered for loss of personal property. He was never told otherwise.

7. When the flood occurred on September 4, 2016, personal property with more than \$250,000.00 was destroyed. Plaintiff made a claim for the personal property destroyed but, to his surprise, Mr. Scaturro was told there was no coverage for personal property on premises, despite policy language indicating otherwise.

8. As a result of said failure to pay the claim, the Plaintiff has been damaged in an amount in excess of Two Hundred Fifty Thousand Dollars (\$250,000.00).

9. In addition, there is coverage for personal property and does not contain an exclusion is a violation of Section 155 of the Illinois Insurance Code, which allows for payment of a 25% penalty, plus attorney's fees and costs of litigation.

WHEREFORE, Plaintiff, Robert Scaturro, prays judgment against Defendant, Nationwide

Mutual Insurance Company, in an amount in excess of Two Hundred Fifty Thousand Dollars (\$250,000.00), plus interest since the date of the incident, plus the penalty as provided in Section 155 of the Illinois Insurance Code, attorney's fees and costs.

/s/Ronald A. Roth

Ronald A. Roth #03122075
Roth Law Offices, LLC
2421 Corporate Centre Drive, Ste. 200
Granite City, IL 62040
#618/931-5000
Fax #618/931-6474
raroth@rothlaw.com
Attorney for Plaintiff

Nationwide®
On Your Side™

IN 74 42 03 07

★★★★★ **IMPORTANT INSURANCE INFORMATION** ★★★★★

Please read this Notice carefully. No coverage is provided by this notice nor can it be construed to replace any provision of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.

CONSUMER REPORT INQUIRY NOTICE

Consumer reports, including credit history may have been ordered from a consumer reporting agency to underwrite and/or rate your insurance policy. You have the right to access this information and request correction of any inaccuracies. Your consumer reports, including your credit history are not affected in any way by our inquiry.

We are committed to respecting your privacy and safeguarding your personal information.

IN 74 42 03 07

Page 1 of 1

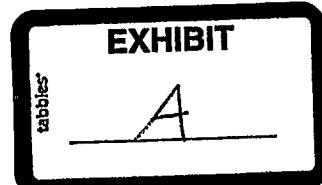
ACP 30-0-7426298

LD9D 16053

AGENT COPY

IN7442030700 0002

23 0001286



Nationwide®
On Your Side™

COM-PAK SUMMARY

PRINTED 02/23/2016

**ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220**

Number:	ACP 3007426298	Effective from 02/05/2016	to 02/05/2017
Named Insured:	ROBERT SCATURRO		
	DBA SENIOR REFERRAL SERVICES		
Mailing Address:	4140 PONTOON RD		
	GRANITE CITY, IL 62040-4536		
Agency Name:	Nationwide Sales Solutions Inc	10 08281-986	23 CSC
Agency Address: Producer:	DES MOINES IA 50391-2010 OMASEY JEMERIGBE	(800)421-1444	

Division	Program	Total Premium	Commission
A	COMMERCIAL GENERAL LIABILITY (NATIONWIDE)	\$ 600.00	\$ 60.00
B	COMMERCIAL PROPERTY (NATIONWIDE)	\$ 1,480.00	\$ 148.00

Not a bill. Your bill is sent separately.

NI

Estimated Total Premium: \$ 2,080.00
Estimated Total Commission: \$ 208.00

This Com-Pak is a portfolio of individual policies which serves to combine various insurance coverages written under a group of separate contracts of insurance.

PAKSUM 01 08

DIRECT BILL EMM340

LD9D

2016053

AGENT COPY

ACP 3007426298

23 0001287

IN 72 39 01 15

**NOTICE OF TERRORISM INSURANCE COVERAGE
NOTICE – DISCLOSURE OF PREMIUM**

**Applies to all Commercial Policies, except for Farmowners Multiperil, Business Auto,
Crime, and Workers Compensation**

(This disclosure notice does not provide coverage, and it does not replace any provisions of your policy. You should read your policy for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.)

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government pays the following percentage of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

85%, for insured losses occurring before January 1, 2016;
84%, for insured losses occurring during the 2016 calendar year;
83%, for insured losses occurring during the 2017 calendar year;
82%, for insured losses occurring during the 2018 calendar year;
81%, for insured losses occurring during the 2019 calendar year; and
80%, for insured losses occurring on or after January 1, 2020.

The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurer's liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0, and does not include any charges for that portion of losses covered by the United States Government under the Act.

IN 72 39 01 15

DIRECT BILL EMM340

LD9D

2016053

AGENT COPY

ACP 3007426288

Page 1 of 1

23 0001288

NATIONWIDE MUTUAL INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220

06281
NEW BUSINESS

COMMERCIAL GENERAL LIABILITY DECLARATIONS

Policy Number: ACP GLO 3007426298

Named Insured: SCATURRO, ROBERT - DBA
SENIOR REFERRAL SERVICES
Address: 4140 PONTOON RD
GRANITE CITY IL 62040-4535

Agent: Nationwide Sales Solution	10-06281-968	CSC
Address: DES MOINES IA	50391	PRODUCER: OMASEY JEMERIGBE

Policy Period: From 02/05/16 to 02/05/17 12:01 A.M. standard time at the address of the named insured as stated herein.

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (other than products-completed operations)	\$ 2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 2,000,000
PERSONAL AND ADVERTISING INJURY LIMIT	\$ 1,000,000
EACH OCCURRENCE LIMIT	\$ 1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT (any one premises)	\$ 100,000
MEDICAL EXPENSE LIMIT (any one person)	\$ 5,000

Retroactive Date (CG0002 only)

The Named Insured Is: INDIVIDUAL

Business of the Named Insured Is: PRINTING AND MAILING SERV

Audit Period: ANNUAL

ENDORSEMENTS ATTACHED TO THIS POLICY

SEE COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS SCHEDULE

TOTAL ADVANCE PREMIUM \$ 600.00M

Replacement or
Renewal Number

Countersigned By _____
Authorized Representative

GL-D (10-98)

DIRECT BILL LD9D 16054 Comm. 1000

AGENT COPY

ACP GLO 3007426298

921417514 23 0001289

NATIONWIDE MUTUAL INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220

COMMERCIAL GENERAL LIABILITY SCHEDULE

Policy Number: ACP GLO 3007426298

Item No., Location and Description of Hazards	Code No.	Premium Basis	Rates		Advance Premium	
			OTHER	PR/CO	OTHER	PR/CO
001A IL-504 MAILING OR ADDRESS- ING COMPANIES INCLUDING PRODUCTS AND/OR COMPLETED OPERATIONS 4140 PONTOON RD	45937	GROSS SALES 320,000		PER THOUSAND .501		\$218MIN
GRANITE CITY IL620404535						
MINIMUM PREMIUM ADJUSTMENT						\$382

Total Advance Other and PR/CO \$600MIN

TOTAL ADVANCE PREMIUM \$600MIN

NOTE: For classes based on payroll each Executive Officer, Sole Proprietor or Partner may be subject to a fixed amount.

GL-DS (12-93)

DIRECT BILL LD9D 16054

AGENT COPY

ACP GLO 3007426298 921417514 23 0001200

**NATIONWIDE MUTUAL INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220**

COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS

Number: ACP GLO 3007426298

Period: From 02/05/16 To 02/05/17

Named Insured: SCATURRO, ROBERT - DBA

Form	Date	Title
CG0001	0413	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0200	1207	ILLINOIS CHANGES - CANCELLATION AND NONRENEWAL
CG2106	0514	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION
CG2144	0798	LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT
CG2147	1207	EMPLOYMENT - RELATED PRACTICES EXCLUSION
CG2167	1204	FUNGI OR BACTERIA EXCLUSION
CG2170	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG7033	0393	TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US
CG7060	1096	EXCLUSION - ASBESTOS, LEAD AND RADON
CG7145	1203	ILLINOIS EXCLUSION - PUNITIVE DAMAGES
CG7463	1013	POLLUTION EXCLUSION AMENDMENT - ILLINOIS
IL0017	1198	COMMON POLICY CONDITIONS
IL0021	0908	NUCLEAR ENERGY LIABILITY EXCLUSION
IL0147	0911	ILLINOIS CHANGES - CIVIL UNION
IL0162	1013	ILLINOIS CHANGES - DEFENSE COSTS
13614	0789	SPECIAL CONTINUATION PROVISION

IMPORTANT NOTICES

IN7526	1215	IMPORTANT INFORMATION REGARDING YOUR INSURANCE
IN7656	0412	THE RELIGIOUS FREEDOM PROTECTION AND CIVIL UNION ACT OF ILLINOIS POLICYHOLDER
IN7809	1115	DATA BREACH & IDENTITY RECOVERY SERVICES

GLDF (02-93)

DIRECT BILL LD9D 16054

AGENT COPY

ACP GLO 3007426298

921417514 23 0001201

CG 21 44 (07-98)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR
PROJECT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Premises:

4140 PONTOON RD, GRANITE CITY, IL 62040 4535

Project:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

This insurance applies only to "bodily injury," "property damage," "personal and advertising injury" and medical expenses arising out of:

1. The ownership, maintenance or use of the premises shown in the Schedule and operations necessary or incidental to those premises; or
2. The project shown in the Schedule.

Copyright, Insurance Services Office, Inc., 1997

CG 21 44 (07-98)

ACP GLO 3007426298

LD9D 16054

AGENT COPY

23 0001292

NATIONWIDE MUTUAL INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220

NEW BUSINESS

DECLARATIONS

Policy Number:	ACP CPP 3007426298	COMMERCIAL PROPERTY	
Named Insured:	SCATURRO, ROBERT = DBA SENIOR REFERRAL SERVICES		
Mailing Address:	4140 PONTOON RD GRANITE CITY IL 62040-4535		
Agent:	Nationwide Sales Solutions Inc		10-06281
Address:	DES MOINES IA 50391		CSC
Producer:	OMASEY JEMERIGBE		
Policy Period: This policy is effective from 02/05/16 to 02/05/17 12:01 A.M. Standard time at the above mailing address.			

This policy is subject to the following forms. Forms specific to a certain building or item can be found with the specific building and item information on the following pages.

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP0010	1012	0	CP0090	0788	0	CP0140	0706	0
CP1270	0996	0	IL0017	1198	0	IL0162	1013	0
IL0935	0702	0	IN7527	0909	0	IN7809	1115	0
LI0995	0107	0		13614	1185			

Mortgagee and loss payee information - See schedules CP-DM and CP-DL

Replacement or
Renewal Number

Countersigned _____ By _____
Date _____ Authorized Representative _____

Premium for Certified Acts of Terrorism \$	0.00
Total Agent Commission \$	148.00
Total Annual Premium \$	1,480.00

Total Policy Premium \$ 1,480.00

CP-D (10-98)

NATIONWIDE MUTUAL INSURANCE COMPANY**COMMERCIAL PROPERTY SCHEDULE REFERENCE PAGE**

Policy Number: ACP CPP 3007426298

Policy Period: From 02/05/16 To 02/05/17

Named Insured: SCATURRO, ROBERT = DBA

Loc. Bld. Item	Address/Description	Limit	Premium
	TOTAL POLICY PREMIUM	\$	1,480.00
	POLICY WIDE OPTIONAL COVERAGES		
1	4140 PONTOON RD GRANITE CITY IL Protection Class: 03		
1	MAILING OR ADDRESSING COMPANIES		
1	BUILDING	\$ 500,000	632.00
	GROUP 1	\$ 449.00	
	GROUP 2	\$ 240.00	
	SPECIAL - CAUSE OF LOSS		
	MINE SUBSIDENCE	\$ 500,000	159.00

NATIONWIDE MUTUAL INSURANCE COMPANY**COMMERCIAL PROPERTY SCHEDULE**

Policy Number: ACP CPP 3007426298

Policy Period: From 02/05/16 To 02/05/17

Named Insured: SCATURRO, ROBERT = DBA

*****	Premise No	01	*****	Total Premium \$	1,480.00
-------	------------	----	-------	------------------	----------

Address: 4140 PONTOON RD
 City: GRANITE CITY

State: IL

Zip Code: 62040-4535

Description: MAILING

FORM xxxx	DATE xxxx	PREM xxxx	FORM xxxx	DATE xxxx	PREM xxxx	FORM xxxx	DATE xxxx	PREM xxxx
CP7104	0707	0	IL0118	1010	0	IL0284	1205	0
IL0952	0115	0	IN7404	0107	0			

xx
 ** Building No 01 ** Total Premium \$ 1,480.00

Occupancy Group - SERVICE

Description: MAILING OR ADDRESSING COMPANIES

Construction Type: FRAME

FORM xxxx	DATE xxxx	PREM xxxx	FORM xxxx	DATE xxxx	PREM xxxx	FORM xxxx	DATE xxxx	PREM xxxx
--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------

Cov erages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING \$	500,000	SPECIAL	90%	1000	1,480.00

Description: MAILING

Optional Coverages:

Replacement Cost

Inflation Guard 4%

Mine Subsidence Coverage: Coverage Limit 500,000 Premium \$159.00

FORM xxxx	DATE xxxx	PREM xxxx	FORM xxxx	DATE xxxx	PREM xxxx	FORM xxxx	DATE xxxx	PREM xxxx
CP1030	1012	0	IL0912	1011	0	IN7058	0115	0

xx

NATIONWIDE MUTUAL INSURANCE COMPANY**COMMERCIAL PROPERTY FORMS AND ENDORSEMENTS**Policy Number: **ACP CPP 3007426298**

Policy Period: From 02/05/16 To 02/05/17

Named Insured: **SCATURRO, ROBERT = DBA**

Form	Date	Title
CP0010	1012	BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CP0090	0788	COMMERCIAL PROPERTY CONDITION
CP0140	0706	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP1030	1012	CAUSES OF LOSS - SPECIAL FORM
CP1270	0996	JOINT OR DISPUTED LOSS AGREEMENT
CP7104	0707	AMENDATORY ENDORSEMENT
IL0017	1198	COMMON POLICY CONDITIONS
IL0118	1010	ILLINOIS CHANGES
IL0162	1013	ILLINOIS CHANGES - DEFENSE COSTS
IL0284	1205	ILLINOIS CHANGES - CANCELLATION AND NONRENEWAL
IL0912	1011	ILLINOIS CHANGES - MINE SUBSIDENCE - NON-RESIDENTIAL BUILDING
IL0935	0702	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
IL0952	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IN7058	0115	ILLINOIS NOTICE AND WAIVER OF MINE SUBSIDENCE COVERAGE
IN7404	0107	IMPORTANT FLOOD INSURANCE NOTICE
IN7527	0909	IMPORTANT INFORMATION REGARDING YOUR INSURANCE
IN7809	1115	DATA BREACH & IDENTITY RECOVERY SERVICES
LI0995	0107	CONDITIONAL EXCLUSION OF TERRORISM
13614	1185	SPECIAL CONTINUATION PROVISION

Robert Scaturro
Senior Referral Services
Commercial Insurance Application

Quote Number: ACP 3007426298

Effective: 02/05/2016 to 02/05/2017

Billing Information

Agent 06281 - Nationwide Sales Solutions Inc
Producer 966 - OMASEY SANDRA JEMERIGBE
State Producer License Number 16706902

Is Coverage Bound? Yes

Date/Time Bound 02/05/2016 01:15 PM CST

Account Summary

Coverage Type	Policy Prefix	Company	Premium
Commercial Property	CPP	Nationwide Mutual Insurance Company	\$ 1,480.00
General Liability	GLO	Nationwide Mutual Insurance Company	\$ 600.00
		Total Premium:	\$ 2,080.00

This quote is based on information provided and rates in force at the time of quotation and is subject to underwriting. Any changes to the information submitted, made for any reason, including but not limited to underwriting actions, loss control, verification and validation of information or changes initiated at the time of submission, may result in a change in the final premium offered.

Coverage is not bound and no coverage will be afforded by this quotation. This insurance quote is not a part of the insurance policy. If there is any discrepancy in the coverages shown in this quote and that of the actual policy issued, the policy coverages will prevail.

Billing Summary

Billing Method: Direct Bill
Down Payment Amount: \$347.00
Billing Frequency: Monthly
Payment Plan: 12 Pay Plan
Down Payment Method: Credit Card
Suspense Number: 8857803
Flex Chek: No

The applicant has read, understands, and agrees to abide by the terms and conditions outlined in this application Yes No
By checking this box, I am providing my electronic signature to this document. Agent Signature: Yes No
The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/She certifies that the answers are true, correct and complete to the best of his/her knowledge.

Applicant's Signature

Date



Nationwide®

Robert Scaturro
Senior Referral Services
Commercial Insurance Application

File Number: ACP 3007426298

Effective: 02/05/2016 to 02/05/2017

Notice of Insurance Information Practices

Personal information about you, including information from a credit report, may be collected from persons other than you in connection with your application for insurance and subsequent policy renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and practices regarding such information can be accessed using the 'Privacy Statement' link located at the bottom of the Agent Center or by contacting your agent or broker and asking for additional details about our information and disclosure practices.

In Florida, any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: Substantial) civil penalties. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.)

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

The applicant has read, understands, and agrees to abide by the terms and conditions outlined in this application Yes No
 By checking this box, I am providing my electronic signature to this document. Agent Signature: Yes No
 The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/She certifies that the answers are true, correct and complete to the best of his/her knowledge.

Applicant's Signature

Date

Robert Scaturro
Senior Referral Services
Commercial Insurance Application

Quote Number: ACP 3007426298

Effective: 02/05/2016 to 02/05/2017

Applicant Profile

- Has any policy been cancelled or non-renewed within the past five years? Yes No
Has the applicant been involved in any lawsuits? Yes No
Are any judgements or liens been rendered against the applicant? Yes No
Does the applicant have subsidiaries? Yes No

Operations

How many years has the applicant been in this line of work? 10 years

Year Business Started 2011

Please select all operations that apply

Contracting
Grocery/Convenience Store
Golf Course
Lessor's Risk
Apartments/Condos/Dwellings
Restaurant/Food Service
Churches
Other

Hotel/Motel
Wholesale/Distributor
Printers

Gross Annual Receipts \$ 100,000

Describe the applicant's operations, including a description by premises.
general mail printing services, bills, etc. Then mail them out.

- Does the applicant have a website pertaining to these operations? Yes No
For each Line of Business submitted with this application, does the applicant have any other exposures that have not been identified? Yes No

Select the applicant's risk management practices:

No formal programs

- Do employees use their personal auto for the delivery of food or other goods? Yes No

Named Insureds

Robert Scaturro
BA: Senior Referral Services
Entity Type: Individual
S# XXX-XX-1111

Addresses
140 Pontoon Rd
Granite City, IL 62040 - 4535
Madison
Address Type: Primary, Mailing, Billing

Account Contacts
Insured Contact:

Omasey Jemerigbe
Work Phone: (515) 864-5776
Email: jemerio2@nationwide.com

Producer Contact:

Robert Scaturro
Work Phone: (618) 975-8202
Email: rscat7@gmail.com



Robert Scaturro
Senior Referral Services
Commercial Insurance Application

Quote Number: ACP 3007426298

Effective: 02/05/2016 to 02/05/2017

Prior Carrier

as the applicant had prior insurance with standard markets for all lines of business included on the quote? Yes No

carrier

None

Loss History

as the applicant had any losses associated with the lines quoted in the past three years? Yes No



Robert Scaturro
Senior Referral Services
Commercial Insurance Application

Quote Number: ACP 3007426298

Effective: 02/05/2016 to 02/05/2017

Commercial Property

General

Are any of the buildings vacant? Yes No

Does the exterior of any building include Exterior Insulation Finishing Systems (EIFS)? Yes No



Nationwide®

Robert Scaturro
Senior Referral Services
Commercial Insurance Application

Quote Number: ACP 3007426298

Effective: 02/05/2016 to 02/05/2017

Commercial Property

Policy 1 :	CPP	Total Policy Premium	\$ 1,480.00
States of Operation:	Illinois		
Primary Operations State:	Illinois		

Premium for Certified Acts of Terrorism	\$ 0.00
---	---------

Polywide Options	Limit	Deductible	Premium
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Schedule Summary	Total Limit
Location 1	
Building 1	\$ 500,000

Schedule

Location 1	1140 Pontoon Rd, Granite City, IL 62040 - 4535
Occupancy :	MAiling
CSP Territory :	305
Protection Class :	03

Building 1**General Information**

Original Year Built	1994
Occupancy Certified Year	1994
Number of Stories	1
Building Construction	Frame
Roof Type	Asphalt
Total Area (Sq Ft)	3,000
Classification Code	0921
Classification Description	Mailing or Addressing Companies
Owner Occupied	
Occupancy Group	Service
Burglar Alarm	None
Watchman Service	None
Building Code Effectiveness Grade	99
Individually graded	No

Building Improvement

Have the roof, wiring, heating, and/or plumbing systems been updated since original Construction? Yes No
 Are there any other occupancies in the building? Yes No



Robert Scaturro
Senior Referral Services
Commercial Insurance Application

Quote Number: ACP 3007426298

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General Liability

General

Are there any buildings or premises owned or occupied by the applicant but not described on this application? Yes No

Have there been any losses or claims relating to allegations of sexual abuse, molestation, discrimination or negligent hiring? Yes No

Does this business operate from a private residence? Yes No

Have any operations been sold, acquired, or discontinued in the last 5 years? Yes No

Does the applicant hire or contract for services? (e.g., building repairs, snow removal, janitorial services, etc.) Yes No

Products/Completed Operations

Are any of the applicant's products related to the aircraft or space industry? Yes No

Have any of the applicant's products been recalled, discontinued or changed? Yes No

Are products of others sold or re-packaged under the applicant's label? Yes No

Are products manufactured or sold under the label of others? Yes No

Does vendor coverage required? Yes No

Customer

Do customers sign forms acknowledging acceptance of the final printed product? Yes No

Does the applicant obtain a contract release on copyrighted material? Yes No

Robert Scaturro
Senior Referral Services
Commercial Insurance Application

Quote Number: ACP 3007426298

Effective: 02/05/2016 to 02/05/2017

General Liability

Policy 1 :	GLO	Total Policy Premium	\$ 600.00
States of Operation:	Illinois		
Primary Operations State:	Illinois		

Premium for Certified Acts of Terrorism \$ 0.00

Coverage	Limit	Deductible	Premium
General Aggregate Limit (Other Than Products-Completed Operations)	\$ 2,000,000		Included
Products - Completed Operations Aggregate	\$ 2,000,000		Included
Personal and Advertising Injury	\$ 1,000,000		Included
Lach Occurrence	\$ 1,000,000		Included
Damage to Premises Rented to you - any one premise	\$ 100,000		Included
Medical Expense Limit - any one person	\$ 5,000		Included

Policywide Characteristics

Schedule

Location 1
 1140 Pontoon Rd
 Granite City, IL 62040 - 4535
 Territory 504

Classification Description	Code Number	Rating Basis	Exposure	Rate Other	Rate PR/ CO	Premium Other	Premium PR/CO
Mailing or Addressing Companies	45937	Gross Sales	320,000	0.501	Included	\$ 218.00	Included

Robert Scaturro
Senior Referral Services
Commercial Insurance Application

Quote Number: ACP 3007426298

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Attachments Information

Are there any attachments to submit with this application?

Yes No



Robert Scaturro
Senior Referral Services
Commercial Insurance Application

File Number: ACP 3007426298

Effective: 02/05/2016 to 02/05/2017

Internal Use Only

Account Summary

First Quoted 10/19/2015 11:28 AM CDT
Account Origin New Business
Serviced By Agency

Current Policy Number
First In Conflict No

Pricing Modifications Summary

Type of Business (Prefix)
Commercial Property & Contractors Property (CPP)
General Liability (GLO)

Pricing Modification	Credit	Debit	Final Premium
None	None	None	\$ 1,480.00
None	None	None	\$ 600.00
	Total:		\$ 2,080.00

Underwriting Instructions:

Account: Standard

Types of Business:

Commercial Property (CPP)
General Liability (GLO)

Underwriting:

Standard
Standard

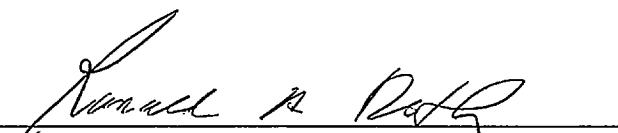
IN THE CIRCUIT COURT
THIRD JUDICIAL CIRCUIT
MADISON COUNTY, ILLINOIS

ROBERT SCATURRO,)
)
Plaintiff,)
)
v.) No.
)
NATIONWIDE MUTUAL)
INSURANCE COMPANY,)
)
Defendant.)

AFFIDAVIT OF DAMAGES

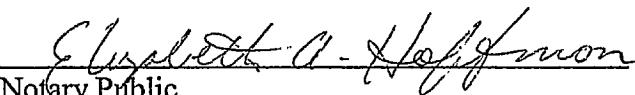
Comes now Ronald A. Roth, attorney for Plaintiff in the above matter, and pursuant to Supreme Court Rules, hereby states the total of money damages sought in the above-styled matter is in excess of TWO HUNDRED FIFTY THOUSAND DOLLARS (\$250,000.00).

Further Affiant sayeth not.


Ronald A. Roth #03122075
Roth Law Offices, LLC
2421 Corporate Centre Dr., Ste. 200
Granite City, IL 62040
#618/931-5000
Attorney for Plaintiff

STATE OF ILLINOIS)
)
COUNTY OF MADISON)

SUBSCRIBED AND SWORN to before me this 1 day of June,
2018.


Elizabeth A. Hoffman
Notary Public

My Commission Expires:

